Appendix D: Violence Incident Report Forms (OSHA, 1998)

SAMPLE

The following items serve merely as an example of what might be used or modified by employers in these industries to help prevent workplace violence.

(Sample/Draft - Adapt to your own location and business circumstances)

	Confidential Incident Report
То:	Date of Incident:
	Location of Incident:
	Map/sketch on reverse side or attached
From:	Phone: Time of Incident:
Legal	e of the incident: (xx all applicable boxes) Assaults or violent acts:Type "I"Type "2"Type "3"Other Preventative or warning report Bomb or terrorist type threat (special checklists attached Yes No) Transportation accident Contacts with objects or equipment Falls Exposures Fires or explosions Other counsel advised of incident Yes No er of persons affected (For each person complete a report; however, to the extent facts are duplicative, any person's report may incorporate another person's report.)
Name	of affected person(s) Service date
Positio	on: member of labor organization Yes No
Super	visor: has supervisor been notified 🔤 Yes 📃 No
Family	r: has been notified by Yes No
Anticip Third (ork time Yes No bated return to work parties or non-employee involvement Yes No (include contractor and lease yees, visitors, vendors, customers)

Nature of the incident

Briefly describe: (1) event(s); (2) witnesses with addresses and status included; (3) location details;

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(4) equipment/weapon details; 5) weather; (6) other records of the incident (e.g., police report, recordings, videos); (7) the ability to observe and reliability of witnesses; (8) were the parties possibly impaired because of illness, injury, drugs or alcohol (were tests taken to verify same Yes No); (9) parties notified internally (employee relations, medical, legal, operations, etc.) and externally (police, fire, ambulance, EAP, family, etc.) Previous or related incidents of this type Yes No or by this person Yes No Preventative steps Yes No OSHA log or other OSHA action required Yes No Incident Response Team: Team Leader _____ Signature Date Source: Reprinted with permission of Karen Smith Keinbaum, Esq., Counsel to the Law Firm of Abbott, Nicholson, Quilter, Esshaki & Youngblood, P. C., Detroit, MI **Violence Incident Report Forms** SAMPLE The following items serve merely as an example of what might be used or modified by employers in these industries to help prevent workplace violence. A reportable violent incident should be defined as any threatening remark or overt act of physical violence against a person(s) or property whether reported or observed. Date: _____ 2. Specific Location: Day of week: _____ 1. Date: Time: Assailant: Female Male 3. Violence directed towards: ____ Patient ___ Staff ___ Visitor ___ Other Assailant: ____ Patient ___ Staff ___ Visitor ___ Other Assailant's Name: Unarmed _____ Armed (weapon) ______ Assailant: 4. Predisposing factors: _____ Dissatisfied with care/waiting time _____ Prior history of violence _____ Intoxication _____ Grief reaction Gang related Other (Describe)

5. Description of incident: 6. Injuries: 7. Extent of Injuries: Physical abuse Yes Verbal abuse No Other
8. Detailed description of the incident:
9. Did any person leave the area because of incident?YesNoUnable to determine
10. Present at time of incident: Police Name of department Hospital security officer
11. Needed to call: Police Department Hospital security
12. Termination of incident: Incident diffused Yes No Police notified Yes No Assailant arrested Yes No
13. Disposition of assailant: 14. Restraints used:YesNo Stayed on premises Escorted off premises Escorted off premises Type: Left on own Other
15. Report completed by: Title: Witnesses: Supervisor notified: Time:

Source: Reprinted with permission of the Metropolitan Chicago Healthcare Council, *Guidelines for Dealing with Violence in Health Care*, Chicago, IL, 1995.

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